

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.										
		ough trans			, ,				Rate Per Mile	
Due Date All Routes				ctobe	inty Supt er 1		ober 15		\$1.36	
County Name			County Number		District	Name			Legal Entity Number	
Carbon			05		Red L	odge Public S	Schools		0056 0057	
Route #	Leng	th of Rou	te (miles per day)			Service Bus	s Route Mil		Rated Capacity	
5 A	60				Bus R	□ No oute Mileage	age	66		
Vehicle I.D. #		License #	#		District	Owned	District Own	ed		
3439 518				□ Contract - If so, Name of Owner □ Contracted rate per mile						
Reimbursement Distribution- Er	nter the	legal ent			f state/co		ent to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity Legal En			ntity	· mate	Legal E			Legal Entit	ty	
0056		0057								
% 58.00	% 58.00 % 4		42.00		%			%		
PASSENGER INFORMATION										
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RI (Grades PK-		S		CHOOL RI rades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER						C	
Regular (include eligible Preschool/Kindergarten			NUMBER		NUMBER				a + b	
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	l Service)								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)										
agreement) (Include ineligible Preschool/Kinderg	garten ri	ders)								
Nonpublic School Riders (ineligible)	1									
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									A. Superintendent as are and the State Ind county reimbursement for 10-126(2) MCA, signed by contation Committee in edge and belief, and the	
bus operates on the route as ap Signature - Chair, Board of Trustees	•	d by and v	within the transportation	servi	ce area a	ssigned by the C	ounty Tran	sportation Cor	mmittee.	
orginature - Orian, board or Trustees	,							Date		
This Application for Registration	n of Sch	nool Bus a								
	area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date									



This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.									
Due Dates		ougu		Ü	nty Supt			Rate Per Mile	
All Routes				Octobe		October 15		\$1.36	
County Name			County Number		District	Name		Legal Entity Number	
Carbon			05		Red L	odge Public Schools		0056 0057	
Route #	Leng	th of Rou	te (miles per day)			Service Bus Route N		Rated Capacity	
5	55				Bus R	□ Non Bus Mil Route Mileage	eage	66	
Vehicle I.D. # License #						Owned	District Owr	ned	
3439	3439 518					ct - If so, Name of Owner cted rate per mile			
Reimbursement Distribution- En	e legal ent			f state/co h budget		paid to each di	strict. Note: Percentages		
Legal Entity Legal Entity 0056 0057			ntity		Legal E		Legal Enti	ty	
0036		0031							
% 58.00 % 42		42.00		%		%			
PASSENGER INFORMATION			ELEMENTARY	DIDED	2	HIGH SCHOOL F	DIDEDS	TOTAL	
Number of Preschool/Kindergart riding this route	ten pu	pils	(Grades Pl		5	(Grades 9-1		ELIGIBLE RIDERS	
				:D		b NUMBER		c a+b	
Regular (include eligible Preschool/K riders)	NUMBEI gular (include eligible Preschool/Kindergarten					NOWIBER		a + b	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	е							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda		3							
agreement) (Include ineligible Preschool/Kinderg	arten ri	iders)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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This Application for Registration	of Sch	hool Bus a	and State Reimburse			accordance with Section eviewed and I certify that the			
area assigned to it by the County Signature - Chair, County Transporta			i Committee.				Date		



This form is required in accordareceives state reimbursement e							e one form for e	ach bus route that			
Due Date:				Ū	inty Supf			Rate Per Mile			
All Routes				Octobe		October 15		\$1.36			
County Name			County Number		District	Name		Legal Entity Number			
Carbon			05		Red L	odge Public Schools	;	0056 0057			
Route #	Leng	th of Rou	te (miles per day)			Service Bus Route	Mileage	Rated Capacity			
4	37.4	4			Bus R	□ Non Bus M Coute Mileage	66				
Vehicle I.D. #		License	#		District	: Owned	District Owr	ned			
3442	442 521				□ Contract - If so, Name of Owner □ Contracted rate per mile						
Reimbursement Distribution- Er			f state/co ch budget		paid to each di	strict. Note: Percentages					
Legal Entity Legal Entity			ntity		Legal E		Legal Enti	ty			
0056	0056 0		0057								
% 58.00		%	42.00		%		%				
PASSENGER INFORMATION			ELEMENTARY	/ DIDED	<u> </u>	HIGH SCHOOL	DIDEDO	TOTAL			
Number of Preschool/Kindergar riding this route	ten pu	pils	(Grades P		5	(Grades 9-		ELIGIBLE RIDERS			
			a NI IMBE			b NUMBEI		c a + b			
	NUMBE ular (include eligible Preschool/Kindergarten					IVOWIDE	`	a + b			
riders) 1st Wheelchair (WC)											
2nd Wheelchair (WC)											
Additional Wheelchairs (WC)											
Non-WC IEP Lists Trans as Related	Service	е									
TOTAL ELIGIBLE RIDERS											
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)		3									
agreement) (Include ineligible Preschool/Kinderg	garten ri	iders)									
Nonpublic School Riders (ineligible)											
TOTAL RIDERS											
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This Application for Registration	of Scl	hool Bus	and State Reimburse			accordance with Section eviewed and I certify that the					
area assigned to it by the Coun- Signature - Chair, County Transport			n Committee.				Date				



1 copy State Supt. 1 copy County Supt. 1 copy School District

1 copy School Distri

This form is required in accordareceives state reimbursement events.						one form for ea	ach bus route that			
Due Dates All Routes				County Sup ober 1	ot To OPI October 15		Rate Per Mile \$1.36			
County Name			County Number	Distric	t Name		Legal Entity Number			
Carbon			05		Lodge Public Schools		0056 0057			
Route #	Length	of Route	(miles per day)	Type o	of Service □ Bus Route Mi □ Non Bus Mile	•	Rated Capacity			
1	109.8	}		Bus I	Route Mileage	uge	66			
Vehicle I.D. #	Li	icense #		□ District Owned District Owned						
3438 520				□ Contract - If so, Name of Owner □ Contracted rate per mile						
Reimbursement Distribution- En	iter the le	egal entity		ge of state/c		aid to each dis	trict. Note: Percentages			
Legal Entity Legal Entity 0056 0057			/	Legal I		Legal Entit	у			
0037		J31								
% 58.00		% 42.	00	%		%				
PASSENGER INFORMATION	ELEMENTARY RID	TDC .	LIICH SCHOOL DI	DEDC	TOTAL					
Number of Preschool/Kindergarten pupils riding this route			(Grades PK-8)	EKS	HIGH SCHOOL RI (Grades 9-12		ELIGIBLE RIDERS			
					b NUMBER		c a+b			
Regular (include eligible Preschool/k riders)	Regular (include eligible Preschool/Kindergarten				NOMBER		a · b			
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance	ara)								
Nonpublic School Riders (ineligible)	arten nue	15)								
TOTAL RIDERS										
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Signature - Chair, Board of Trustees						Date				
County T This Application for Registration area assigned to it by the Count	of School	ol Bus and	d State Reimbursemen		n accordance with Section 2 reviewed and I certify that this					
Signature - Chair, County Transportation Committee Date										



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 Legal Entity Number County Name County Number District Name Red Lodge Public Schools Carbon 0056 0057 05 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 101 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 3436 522 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0056 0057 % % % 58.00 % 42.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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receives state reimbursement e								one form for e		
Due Dates					nty Supt		To OPI		Rate Per Mile	
All Routes				Octobe	r 1		October 15		\$1.36	
County Name			County Number		District I	Name			Legal Entity Number	
Carbon			05		Red Lo	odge Pub	olic Schools		0056 0057	
Route #	Leng	th of Route	(miles per day)		Type of Service ☐ Bus Route Mile				Rated Capacity	
3					□ Non Bus Mileage Bus Route Mileage				66	
Vehicle I.D. # License #					District			District Owr	ned	
3441 524				□ Contract - If so, Name of Owner□ Contracted rate per mile						
Reimbursement Distribution- En	iter the	e legal entity		r and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!						
Legal Entity Legal Entity			у	usi maic	Legal Er			Legal Enti	ty	
0056		00	057							
% 58.00		% 42.	00		%			%		
PASSENGER INFORMATION		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,			,,		
Number of Preschool/Kindergar riding this route	umber of Preschool/Kindergarten pupils		ELEMENTARY (Grades P		6	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
				:R			b NUMBER		c a + b	
Regular (include eligible Preschool/hriders)							3. 2			
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service	е								
TOTAL ELIGIBLE RIDERS										
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TOTAL RIDERS										
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County 1 This Application for Registration			ommittee Approva d State Reimburse							
area assigned to it by the Count Signature - Chair, County Transporta	ty Tran	sportation C					-	Date	•	
Signature Onan, County Transport	ال المالي	J						Date		



This form is required in accorda receives state reimbursement e							one form for ea	ach bus route that	
Due Date : All Routes				To Cou Octobe	inty Supt r 1	To OPI October 15		Rate Per Mile \$1.36	
County Name			County Number		District	Name		Legal Entity Number	
Carbon			05			odge Public Schools		0056 0057	
Route #	Length	h of Rout	e (miles per day)		Type of	f Service □ Bus Route M □ Non Bus Mile	•	Rated Capacity	
4 A	8.8				Bus R	Coute Mileage	age	66	
Vehicle I.D. # License #			!	□ District Owned District Owned □ Contract - If so, Name of Owner					
1063 523						cted rate per mile			
Reimbursement Distribution- Er	nter the I	legal enti			f state/co ch budget		aid to each dis	trict. Note: Percentages	
Legal Entity Legal Entity 0056 0057			tity	ot mate	Legal E		Legal Entit	у	
0056 00		0057							
% 58.00		% 4	12.00		%		%		
PASSENGER INFORMATION	ELEMENTARY F	DIDED	2	HIGH SCHOOL R	IDEBS	TOTAL			
Number of Preschool/Kindergarten pupils riding this route			(Grades PK		3	(Grades 9-12		ELIGIBLE RIDERS	
			a NUMBER	2		b NUMBER		c a + b	
Regular (include eligible Preschool/liriders)	NOMBEL	`		HOMBER		u · b			
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
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County -	Fransno	ortation (Committee Annroval	as ren	uired in	accordance with Section	20-10-132 MC	SA .	
This Application for Registration area assigned to it by the Coun	of School ty Trans	ool Bus a portation	and State Reimbursem				s bus operates		
Signature - Chair, County Transportation Committee Date									



This form is required in accorda receives state reimbursement e						ete one form for e	each bus route that			
	Ū	gir transpe	· ·	ounty Sup			Rate Per Mile			
Due Date All Routes				ber 1	t To OPI October 15	5	\$0.95			
County Name			County Number	District	Name		Legal Entity Number			
Carbon			05	Bridge	er K-12 Schools		0059			
Route #	Length of	of Route	(miles per day)		f Service 🗆 Bus Rout	-	Rated Capacity			
2	44.8			Rus R	□ Non Bus l Route Mileage	Mileage	48			
Vehicle I.D. #		ense #		•	t Owned	District Owr				
4537 466				☐ Contracted rate per mile						
Reimbursement Distribution- Er	nter the le	gal entity		e of state/co		oe paid to each di	strict. Note: Percentages			
Legal Entity Legal Entit				Legal E		Legal Enti	ity			
0059										
% 100.00		%		%		%				
PASSENGER INFORMATION										
Number of Preschool/Kindergar riding this route	ten pupils	s	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOO (Grades		TOTAL ELIGIBLE RIDERS			
			a NUMBER			FR	c a + b			
Regular (include eligible Preschool/Kindergarten riders)			HOMBER	NUMBER			Q 1 D			
1st Wheelchair (WC)										
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bus operates on the route as ap	proved by				•	Transportation Co	•			
Signature - Chair, Board of Trustees	3					Date				
County This Application for Registration area assigned to it by the Coun	of Schoo	ol Bus and	d State Reimbursement		accordance with Section accordance with Section accordance with Section according to the section accordance with Section accor					
Signature - Chair, County Transport						Date				



This form is required in accorda receives state reimbursement e					te one form for e	ach bus route that			
Due Dates All Routes			county Suprober 1	t To OPI October 15		\$1.15			
County Name		County Number	District	Name		Legal Entity Number			
Carbon		05		er K-12 Schools		0059			
Route #	Length of Route	e (miles per day)	Type of	f Service □ Bus Route □ Non Bus M		Rated Capacity			
1 51.4			T .	Route Mileage	3	54			
Vehicle I.D. # License # 176			 □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile						
Reimbursement Distribution- Er	nter the legal entit		r and percentage of state/county reimbursement to be paid to each district. Note: Percentages						
Legal Entity 0059	must m	Legal E		Legal Enti	ty				
% 100.00		%		%					
PASSENGER INFORMATION	%				70				
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS			
	a NUMBER		b NUMBE	P.	c a+b				
Regular (include eligible Preschool/kriders)	Kindergarten	NOMBER		Homse		u · b			
1st Wheelchair (WC)									
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Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderd	ance								
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees	g.to J the County 11	Date							
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.									
Signature - Chair, County Transporta					Date				



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 Legal Entity Number County Name County Number District Name Carbon Joliet Public Schools 0060 0061 05 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 5 51 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 6164 77 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0060 0061 % % % 67.00 % 33.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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					napter 10, Part 1, M0 tees of another lega					one form for e	ach bus route that
receives state rein	ilbursement ev	en moc	ugii ii a	irispoi	tees of another lega	ı enu	ity may ut	ilize trie se	ivices.		Rate Per Mile
	Due Dates	:					inty Supt	t	To OPI		
	All Routes				O	ctobe	er 1		October 15		\$1.57
County Name					County Number		District	Name			Legal Entity Number
Carbon					05		Joliet	Public So	chools		0060 0061
Route #		Length	h of Ro	oute (r	niles per day)		Type of Service ☐ Bus Route Mileage				Rated Capacity
2		60					□ Non Bus Mileage				72
Vehicle I.D. #			icense	<u>+</u>		Bus Route Mileage □ District Owned District				District Own	
				☐ Contract - If so, Name of Owner					ieu		
8388 100				□ Contracted rate per mile							
Reimbursement Distribution- Enter the legal entity				ntity n					ursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	Legal Entity Legal Entity			Entity	must	mato	th budget Legal E			Legal Entit	tv
			006	61		- 3	,				
% 67.00 % 33			33.0	0		%			%		
PASSENGER INF	ORMATION							1			
Number of Presch	Number of Preschool/Kindergarten pupils				ELEMENTARY RII (Grades PK-8		S	Н	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route				(0.000) 110	')			(8,000,0,12	.,	LEIGIBLE TUBEITO	
			-	a					b		С
	NUMBER							NUMBER		a + b	
Regular (include elig riders)	ible Preschool/Ki	indergar	rten								
1st Wheelchair (WC)											
2nd Wheelchair (WC	5)										
Additional Wheelcha	irs (WC)										
Non-WC IEP Lists To	rans as Related S	Service									
TOTAL ELIGIBLE	RIDERS										
Ineligible Public Sch											
miles OR nonresider agreement)	nt and no attenda	ance									
(Include ineligible Pr		arten ride	ers)								
Nonpublic School Ri	ders (ineligible)										
TOTAL RIDERS											
We hereby certify	that this bus will	l operate	e entirel	ly on th	ne route established by	the B	oard of Tru	ustees and w	vithin the transporta	tion area assign	ed and approved by the
					his bus transports pupil e State Superintendent						
required; to provide a	a vehicle which m	neets the	e minim	num sta	andards as established	by the	e Board of	Public Educ	ation, the Montana	,	
					proved driver to operat s to solicit students fror				y 20-10-103, MCA.		
									ient cause for withh	olding of state a	nd county reimbursement for
We agree that if t	We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by										
					county superintendent's ool year require the filin				and approval of the	County Transp	ortation Committee in
accordance with 20-	10-132, MCA.				· .						
I certify that this application for registration of school bus and state reimbursem bus operates on the route as approved by and within the transportation service											
Signature - Chair, Board of Trustees									,	Date	
	County T	ransno	rtatio	n Con	nmittee Annroval a	s rec	uired in	accordanc	ce with Section	 20-10-132 MC	:Δ
	County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation										
area assigned to i					mmittee.					Date	
Signature - Chair, County Transportation Committee									Date		



This form is required in accordareceives state reimbursement e						one form for ea	ach bus route that		
Due Date:		igir transpo	•				Rate Per Mile		
All Routes				ounty Supt ber 1	October 15	:	\$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Carbon			05	Joliet	Public Schools		0060 0061		
Route #	Length	of Route	(miles per day)		Service Bus Route Mi		Rated Capacity		
1	34			Rus R	□ Non Bus Mile Soute Mileage	age	72		
Vehicle I.D. #	<u> </u>	icense #		1 .	Ţ	District Own			
0560	352				ct - If so, Name of Owner cted rate per mile				
Reimbursement Distribution- Er	nter the le	egal entity		e of state/co		aid to each dis	trict. Note: Percentages		
Legal Entity	L	egal Entity	/	Legal E		Legal Entity	у		
0060		00	061						
% 67.00 % 3			.00	%		%			
PASSENGER INFORMATION							_		
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
					b NUMBER		c a+b		
Regular (include eligible Preschool/l	ten	NUMBER		NOWBER		a + 5			
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	d Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ers)							
TOTAL RIDERS									
TOTAL RIDERS We hereby certify that this bus w	vill operate	entirely on	the route established by the	e Board of Tru	istees and within the transporta	tion area assigne	ed and approved by the		
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol	We further ous and bu meets the ensed, qua	r certify that is route by t minimum s alified and a	this bus transports pupils of the State Superintendent; to standards as established by approved driver to operate s	eligible for schoon make such root the Board of such vehicle a	nool transportation as defined by eports to the State Superintendor Public Education, the Montana is required by 20-10-103, MCA.	/ 20-10-101, MC/ ent and County S	A. Superintendent as are		
We understand that violations of this bus route. We agree that if this route crosse		_		-		_	•		
the school boards of both districts sl	We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132 MCA								
I certify that this application for bus operates on the route as ap									
Signature - Chair, Board of Trustees		. ,	3.12 11 21 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14		and county from	Date			
County ⁻	Transpoi	rtation Co	ommittee Approval as	required in	accordance with Section 2	 20-10-132, MC	: A .		
This Application for Registration area assigned to it by the Coun	n of Scho ty Transp	ool Bus and portation C	d State Reimbursement						
Signature - Chair, County Transport	tation Com	nmittee				Date			



This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that			
Due Dates All Routes				County Supober 1	t To OPI October 15		Rate Per Mile \$1.57			
County Name			County Number	District	Name		Legal Entity Number			
Carbon			05		Public Schools		0060 0061			
Route #	Length	n of Route	(miles per day)	Type o	f Service Bus Route Mi Non Bus Mile	-	Rated Capacity			
3	77.2			Bus F	Route Mileage	ago	72			
Vehicle I.D. # License #				□ District Owned □ District Owned						
0323 585				□ Contract - If so, Name of Owner □ Contracted rate per mile						
Reimbursement Distribution- Er	nter the l	egal entity		e of state/co		aid to each dis	strict. Note: Percentages			
Legal Entity Legal Entity 0060 0061			ТУ	Legal E		Legal Entit	Legal Entity			
0001										
% 67.00		% 33	3.00	%		%				
PASSENGER INFORMATION	1	ELEMENTARY RID	CDC.	HIGH SCHOOL RI	DEDC	TOTAL				
Number of Preschool/Kindergarten pupils riding this route			(Grades PK-8)	EKS	(Grades 9-12		ELIGIBLE RIDERS			
			a NUMBER	b R NUMBER			c a+b			
Regular (include eligible Preschool/k riders)	Regular (include eligible Preschool/Kindergarten				NOMBER		u + 5			
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance	ore)								
Nonpublic School Riders (ineligible)		C13)								
TOTAL RIDERS										
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Signature - Chair, Board of Trustees	i					Date				
County 1 This Application for Registration area assigned to it by the Count	of Scho	ool Bus an	d State Reimbursement		accordance with Section 2 eviewed and I certify that this					
Signature - Chair, County Transportation Committee Date										



I his form is required in accorda receives state reimbursement e Due Date: All Routes	ven thes:			legal enti	ity may utiliz ınty Supt	e the service To		nie ioini ioi e	Rate Per Mile \$1.36	
County Name			County Numbe	er	District Na	ime			Legal Entity Number	
Carbon			05		Joliet Pu	ublic Scho	ols		0060 0061	
Route #	Leng	gth of Rou	te (miles per day)		Type of Service ☐ Bus Route Mi				Rated Capacity	
4	42				Bus Roi	۱ ت te Mileag	Non Bus Milea e	ige	65	
Vehicle I.D. #		License #	ŧ					istrict Owr	ied	
0211 365						- If so, Name ed rate per m				
Reimbursement Distribution- Er		ber and percentage of state/county reimbursement to be paid to each district. Note: Percentage:								
Legal Entity		must matc	ch budget! Legal Enti	tv		Legal Enti	tv			
0060						-,		g		
% 67.00		%	33.00		%			%		
PASSENGER INFORMATION										
Number of Preschool/Kindergar riding this route	Number of Preschool/Kindergarten pupils		ELEMENTAR (Grades		S		SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
				b BER NUMBER				c a + b		
Regular (include eligible Preschool/liriders)										
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service	е								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance									
TOTAL RIDERS										
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			Committee Approv							
This Application for Registration area assigned to it by the Count	ty Trar	nsportation		sement na	is been revie	ewed and I c	ertity that this	bus operates	within the transportation	
Signature - Chair, County Transport	ation Co	ommittee						Date		



				Chapter 10, Part 1, MCA ortees of another legal e					one form for ea	ach bus route that
receives state rem	Due Dates All Routes	s:	папэр	To C	•	y Supt		To OPI October 15		Rate Per Mile \$0.95
County Name				County Number		District	Name			Legal Entity Number
Carbon				05	F	Rober	ts K-12 S	Schools		0069
Route #		Length of	Route	(miles per day)	Т	Гуре of		☐ Bus Route Mi	-	Rated Capacity
3A		35.3			□ Non Bus Mileage Bus Route Mileage				aye	47
Vehicle I.D. #		Licer	nse#				Owned	[ame of Owner	District Own	ed
3305		303					ct - if so, iv cted rate p			
Reimbursement D	istribution- En	iter the lega	l entity					ursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity 0069		Lega	al Entity	must m y		egal E			Legal Entit	у
% 100.00)	%	, 0			%			%	
PASSENGER INF	ORMATION			ELEMENTA DV DIDE	-00		T	1011 0011001 01	DEDO	TOTAL
Number of Presch riding this route	ool/Kindergart	ten pupils		ELEMENTARY RIDE (Grades PK-8)	=RS		Н	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
				а				р		C
Regular (include elig	ible Preschool/K	Kindergarten		NUMBER				NUMBER		a + b
riders) 1st Wheelchair (WC))									
2nd Wheelchair (WC	:)									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Tr	ans as Related	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho										
agreement) (Include ineligible Pro										
Nonpublic School Ric										
TOTAL RIDERS										
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This Application to				ommittee Approval as a						A. within the transportation
area assigned to it	t by the Count	y Transport	ation C		11a5 L	Jeen 16	vieweu all	u i ceruiy ulat tilis		within the transportation
Signature - Chair, Co	ounty Transporta	ation Committ	tee						Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

Helena, MT 59620-2501 State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with Title 20), Chapter 10, Part 1, MCA.	School distr	ict official must complete or	ne form for each	ch bus route that		
receives state reimbursement e	ven though trans	sportees of another legal er	itity may utiliz	ze the services.	F	Rate Per Mile		
Due Date : All Routes		To Co Octob	ounty Supt per 1	To OPI October 15	\$	0.95		
County Name		County Number	District Na	ame		Legal Entity Number		
Carbon		05	Roberts	K-12 Schools		0069		
Route #	Length of Rou	te (miles per day)		ervice Bus Route Mile	•	Rated Capacity		
2	42.9		Bus Ro	□ Non Bus Mileaç ute Mileage	ge	28		
Vehicle I.D. #	License #	‡	□ District C		strict Owne			
4571	266			- If so, Name of Owner ed rate per mile				
Reimbursement Distribution- Er		itv number and percentage			d to each dist	rict. Note: Percentages		
Legal Entity 0069	Legal En	must ma	Legal Enti		Legal Entity			
% 100.00	%		%		%			
PASSENGER INFORMATION		ELEMENTARY RISE	DC T	THOU COLLOOL DID	EDC 1	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL RID (Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/liriders)	Kindergarten					<u> </u>		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kindero Nonpublic School Riders (ineligible)	lance							
TOTAL RIDERS								
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County This Application for Registration		Committee Approval as reand State Reimbursement h						
area assigned to it by the Count	ty Transportatior			<u> </u>				
Signature - Chair, County Transport	auon committee				Date			



I his form is required in accorda receives state reimbursement e Due Dates All Routes	ven though		ortees of another lega		may utilize the			Rate Per Mile \$0.95
County Name			County Number		District Name			Legal Entity Number
Carbon			05		Roberts K-12	2 Schools		0069
Route #	Length o	f Route	(miles per day)		Type of Service	□ Bus Route Mi		Rated Capacity
2A	33.6				Bus Route M	□ Non Bus Mile lileage	age	28
Vehicle I.D. #	Lice	ense #			District Owned		District Own	ed
4571	26	6			Contract - If so, Contracted rate	Name of Owner per mile		
Reimbursement Distribution- Er	iter the leg	al entity		tage of s	tate/county rein		aid to each dis	trict. Note: Percentages
Legal Entity	Lec	gal Entity		t match I	budget! .egal Entity		Legal Entit	v
0069							5	,
% 100.00 %					%		%	
PASSENGER INFORMATION			ELEMENTA EN LE	IDEEC			DED0	T07::
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RI (Grades PK-			HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/Kindergarten riders)			-					
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderc	ance	s)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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bus operates on the route as ap Signature - Chair, Board of Trustees	proved by							
orginature origin, board or riustees	•						Duic	
County This Application for Registration area assigned to it by the County	of School	l Bus and						
Signature - Chair, County Transports	ation Comm	nittee					Date	



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Carbon Roberts K-12 Schools 0069 05 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 60 59.6 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 3942 331 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0069 100.00 % % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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receives state reimbursement e Due Date All Routes	even though tr			ilize the services.	F	Rate Per Mile		
County Name		County Numbe	er District	Name		Legal Entity Number		
Carbon		05	Rober	ts K-12 Schools		0069		
Route #	Length of R	oute (miles per day)	Type of	Service Bus Route N Non Bus Mile	eage	Rated Capacity 47		
Vehicle I.D. #	Licens	se #	☐ District	oute Mileage				
3305	303		□ Contra	ct - If so, Name of Owner cted rate per mile				
Reimbursement Distribution- Er	nter the legal				paid to each dist	trict. Note: Percentages		
Legal Entity 0069	Legal	Entity	must match budget Legal E		Legal Entity			
% 100.00	%		%		%			
PASSENGER INFORMATION Number of Preschool/Kindergal riding this route	rten pupils	ELEMENTAR (Grades		HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS		
Regular (include eligible Preschool/	Kindergarten	a NUME	BER	b NUMBER		c a+b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinders Nonpublic School Riders (ineligible)	dance garten riders)							
TOTAL RIDERS								
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County This Application for Registration area assigned to it by the Coun	n of School Bu	us and State Reimburs		accordance with Section viewed and I certify that the				
Signature - Chair, County Transport					Date			



•			,	Chapter 10, Part 1, MCA				ne form for ea	ach bus route that
	Due Dates All Routes	::	·		ounty Sup ober 1	ot	To OPI October 15		Rate Per Mile \$1.15
County Name				County Number	Distric	t Name			Legal Entity Number
Carbon				05		berg Publi			0071 0072
Route #		Length of	Route	(miles per day)	Type		□ Bus Route Mile□ Non Bus Milea		Rated Capacity
3 Vehicle I.D. #		5	nse #		T '	Route Mile		54	
7843					☐ Distric	strict Own			
Reimbursement Distribution- Enter the legal entity							rsement to be pai	d to each dis	strict. Note: Percentages
Legal Entity Legal Enti			al Entit		Legal			Legal Entit	у
% 100.00	% 100.00 %				%			%	
PASSENGER INFO									_
Number of Preschoriding this route	ool/Kindergart	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIG	GH SCHOOL RID (Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
				a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/Kindergarten riders)			NOMBER			HOMBER		u · b	
1st Wheelchair (WC)									
2nd Wheelchair (WC))								
Additional Wheelchair	. ,								
Non-WC IEP Lists Tra		Service							
TOTAL ELIGIBLE									
Ineligible Public Scho miles OR nonresident									
agreement) (Include ineligible Pre		arten riders)							
Nonpublic School Rid	iers (ineligible)								
TOTAL RIDERS									
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	plication for re			ool bus and state reimbu					
bus operates on the Signature - Chair, Boa		proved by	and wit	hin the transportation se	rvice area	assigned by	the County Trans	portation Cor Date	піпіцее.
	<u> </u>		41 6					10 100 100	
This Application for area assigned to it	r Registration	of School	Bus an						s within the transportation
Signature - Chair, Co	unty Transporta	tion Commi	ttee					Date	



receives state reimbursement e	even though tr				npiete one ionni ioi	Rate Per Mile		
All Routes	S		October 1	October	· 15	\$1.57		
County Name		County Number	District N	lame		Legal Entity Number		
Carbon		05		erg Public Scho		0071 0072		
Route #		oute (miles per day)			oute Mileage us Mileage	Rated Capacity		
Vehicle I.D. #	57.4	e #	Bus Ro	oute Mileage	District Ow	71		
2332	558	o II	□ Contrac	owned t - If so, Name of Ov ted rate per mile		med		
Reimbursement Distribution- E	nter the legal		entage of state/cou	inty reimbursement	to be paid to each o	district. Note: Percentages		
Legal Entity	Legal	Entity	nust match budget! Legal En		Legal En	tity		
0071		0072						
% 50.00	%	50.00	%		%			
PASSENGER INFORMATION		EL ENAENTA DA	/ DIDEBO	111011 0011	OL DIDEDO	TOTAL		
Number of Preschool/Kindergarten pupils iding this route		ELEMENTARY (Grades P			OOL RIDERS es 9-12)	TOTAL ELIGIBLE RIDERS		
			ER	b NUMBER		c a + b		
Regular (include eligible Preschool/riders)	/Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)	dance							
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)	garten riders))							
TOTAL RIDERS								
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		on Committee Approv						
This Application for Registration area assigned to it by the Cour			ement has been rev	riewed and I certify t	hat this bus operate	es within the transportation		
Signature - Chair, County Transpor					Date			



I his form is required in accorda receives state reimbursement e Due Dates All Routes	ven the			r legal enti	ty may utiliz inty Supt	e the service To		ne ionii ioi e	Rate Per Mile \$1.15
County Name			County Numbe	er	District Na	ime			Legal Entity Number
Carbon			05		Frombe	rg Public S	Schools		0071 0072
Route #	Leng 46	th of Rou	te (miles per day)		Type of Service ☐ Bus Route Mileage ☐ Non Bus Mileage Bus Route Mileage				Rated Capacity 54
Vehicle I.D. #	•	License 7	#		District O	wned	D	istrict Owr	ied
7843	7843 326					- If so, Name ed rate per m			
Reimbursement Distribution- Er	nter the	e legal en		centage of		ty reimbursei	ment to be pa	id to each dis	strict. Note: Percentages
Legal Entity 0071				must mate	Legal Enti	ty		Legal Enti	ty
% 50.00	% 50.00 % 50.00				%			%	
PASSENGER INFORMATION		T	EL EL AELITA D	V DIDEC		111011	0011001 5:3	DEDC	TOTAL
Number of Preschool/Kindergarten pupils iding this route		ELEMENTAR (Grades		S		SCHOOL RII Grades 9-12)		TOTAL ELIGIBLE RIDERS	
			a NUMBER			b NUMBER			c a + b
Regular (include eligible Preschool/Kindergarten riders)									
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	Э							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance								
TOTAL RIDERS									
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County This Application for Registration			Committee Appro						
area assigned to it by the Count	ty Tran	sportatio		ocinciii ild	S DECILIENT	Swed and i Ct	orany mat mis	<u> </u>	within the transportation
Signature - Chair, County Transport	ation Co	ommittee						Date	



This form is required in accordar receives state reimbursement ev						one form for ea	ach bus route that	
Due Dates All Routes			To Cou Octobe	nty Supt r 1	t To OPI October 15		Rate Per Mile \$0.95	
County Name		County Number		District	Name		Legal Entity Number	
Carbon		05		Edgar	Elementary		0073	
Route #	Length of R	oute (miles per day)		Type of	Service Bus Route M Non Bus Mile	_	Rated Capacity	
1	120.2			Bus R	Coute Mileage	eaye	48	
Vehicle I.D. #	Licens	e #		District		District Own	ed	
7849					ct - If so, Name of Owner cted rate per mile			
Reimbursement Distribution- En			f state/co h budget		oaid to each dis	strict. Note: Percentages		
Legal Entity 0073	Legal	Entity	.act mate	Legal E		Legal Entit	у	
0073								
% 100.00	%			%		%		
PASSENGER INFORMATION		ELEMENTARY	/ DIDED	•	HIGH SCHOOL R	IDEDS	TOTAL	
Number of Preschool/Kindergard riding this route	ten pupils	(Grades P		•	(Grades 9-1)		ELIGIBLE RIDERS	
		a NUMBER		b NUMI			c a + b	
Regular (include eligible Preschool/K	Kindergarten	HOWIDER			NOWBER		u · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
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Signature - Chair, Board of Trustees		a main are durisportat	. 5.1. 551 710	J GIOG G	assigned by the bounty Ha	Date		
					2			
This Application for Registration area assigned to it by the Count	of School Bu y Transportat	is and State Reimburse tion Committee.			accordance with Section eviewed and I certify that the	is bus operates		
Signature - Chair, County Transporta	ation Committee	e				Date		



I his form is required in accorda receives state reimbursement e Due Date: All Routes	ven thou		ortees of another leg		ay utilize the se			Rate Per Mile \$0.95
County Name			County Number	Dis	strict Name			Legal Entity Number
Carbon			05	Ве	elfry K-12 Sc	hools		0076
Route #	Length	of Route	(miles per day)	Type of Service ☐ Bus Route Mile				Rated Capacity
4	192			Bu	us Route Mile	age	34	
Vehicle I.D. #	Li	icense #			strict Owned	_	District Own	ed
2734	5	76			ontract - If so, N ontracted rate p			
Reimbursement Distribution- Er	nter the le	egal entity		ntage of sta	te/county reimb		aid to each dis	trict. Note: Percentages
Legal Entity	L	egal Entity		st match bu	ıdget! gal Entity		Legal Entit	V
0076					gy		9	,
% 100.00 % 100			1.00		%		%	
PASSENGER INFORMATION				DIDESS		1011 00110 5: 5:	DEDC	70711
Number of Preschool/Kindergarten pupils riding this route		ls	ELEMENTARY F (Grades PK		Н	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER	₹		b NUMBER		c a+b
Regular (include eligible Preschool/Kindergarten riders)								
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	l Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance garten ride	ers)						
TOTAL RIDERS								
TOTAL RIDLING								
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bus operates on the route as ap	proved b						sportation Cor	
Signature - Chair, Board of Trustees	5						Date	
This Application for Registration area assigned to it by the Count	n of Schoot ty Transp	ool Bus and portation C					bus operates	
Signature - Chair, County Transport	ation Com	nmittee					Date	



This form is required in accordance receives state reimbursement ever					one form for ea	ach bus route that		
Due Dates: All Routes	a.oug a a.o	To C	county Supt			Rate Per Mile \$0.95		
County Name		County Number	District	Name		Legal Entity Number		
Carbon		05	Belfry	K-12 Schools		0076		
Route #	ength of Route	e (miles per day)		Service Bus Route M		Rated Capacity		
3	59.8		Bus R	□ Non Bus Mile coute Mileage	eage	41		
Vehicle I.D. #	License #		□ District	Owned	District Own	ed		
4905			ct - If so, Name of Owner cted rate per mile					
Reimbursement Distribution- Enter	r the legal enti				paid to each dis	trict. Note: Percentages		
Legal Entity 0076	must m	Legal E		Legal Entity	У			
% 100.00		%		%				
PASSENGER INFORMATION	%							
Number of Preschool/Kindergarter riding this route	n pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS		
	a			b		С		
Regular (include eligible Preschool/Kind	dergarten	NUMBER		NUMBER		a + b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Se	ervice							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., und miles OR nonresident and no attendant agreement)								
(Include ineligible Preschool/Kindergart Nonpublic School Riders (ineligible)	ten riders)							
TOTAL RIDERS								
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This Application for Registration of	f School Bus a	nd State Reimbursement						
area assigned to it by the County T Signature - Chair, County Transportation		Committee.			Date			



				hapter 10, Part 1, MCA					one form for e	ach bus route that
receives state rein	nbursement eve	ŭ	anspo	rtees of another legal e	•	y may ut nty Supt		vices. To OPI		Rate Per Mile
	All Routes			Octo				October 15		\$1.15
County Name				County Number		District	Name			Legal Entity Number
Carbon				05		Belfry	K-12 Sch	nools		0076
Route #		Length of R	oute (miles per day)	Type of Service ☐ Bus Route Miles					Rated Capacity
1		61.6			□ Non Bus Mileage Bus Route Mileage				aye	59
Vehicle I.D. #	1	Licens	e #		_	District	Owned		District Owr	ned
0748 372							ct - If so, Na cted rate pe	ame of Owner er mile		
Reimbursement D					irsement to be p	aid to each dis	strict. Note: Percentages			
Legal Entity Legal Entity				iater	n budget Legal E			Legal Enti	ty	
0076										
% 100.00	% 100.00 %					%			%	
PASSENGER INF		,,				,,,			,~	
Number of Presch riding this route	nool/Kindergarte	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS		HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
	a				b				С	
Regular (include eligible Preschool/Kindergarten			NUMBER	R NUMBER			NUMBER		a + b	
riders) 1st Wheelchair (WC)										
, ,	,									
2nd Wheelchair (WC										
Additional Wheelcha	. ,									
Non-WC IEP Lists Ti		Service								
TOTAL ELIGIBLE	ERIDERS									
Ineligible Public Schomiles OR nonresider										
agreement) (Include ineligible Pr										
Nonpublic School Ri		rten nacioj								
TOTAL RIDERS										
We hereby certify				he route established by the this bus transports pupils of						
We agree to superequired; to provide a	ervision of this bus a vehicle which m	s and bus rou eets the minir	te by th mum st	ne State Superintendent; to andards as established by oproved driver to operate s	o mai	ke such re Board of	eports to the Public Educa	State Superintendention, the Montana	ent and County	Superintendent as are
We also agree to	refrain from solici	iting or causin	ig othei	rs to solicit students from o	other	transport	ation areas.		olding of state a	and county reimbursement for
We agree that if t the school boards of	both districts shall	II be attached	to the	county superintendent's c	ору о	of this doo	ument.	· ·		-10-126(2) MCA, signed by
accordance with 20-	10-132, MCA.			ool year require the filing o						
				ol bus and state reimbu in the transportation se						edge and belief, and the mmittee.
Signature - Chair, Bo							- 0		Date	
	County T-	anene works	n Co	mmittee Approval as	roa.	irod in	accordana	o with Cooties (20 40 422 844	24
	or Registration of	of School Bu	ıs and	State Reimbursement						s within the transportation
area assigned to i				ommittee.					Date	
5, 0.	.,									



1 copy State Supt. 1 copy County Supt. 1 copy School District

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This form is required in accorda receives state reimbursement e		,			•			
Due Dates All Routes				ounty Supt ber 1	t To OPI October 15		Rate Per Mile \$0.95	
County Name			County Number	District	Name		Legal Entity Number	
Carbon			05		K-12 Schools		0076	
Route #	Length of	f Route ((miles per day)	Type of	f Service □ Bus Route Mil □ Non Bus Milea	•	Rated Capacity	
2	45.2			Bus R	toute Mileage	·	47	
Vehicle I.D. #	Lice	ense #		□ District□ Contra	: Owned C ct - If so, Name of Owner	District Own	ed	
6970	438			□ Contra	cted rate per mile			
Reimbursement Distribution- Er	nter the leg	al entity		e of state/co atch budget		aid to each dis	trict. Note: Percentages	
Legal Entity	Legal Entity Legal Entity 0076			Legal E		Legal Entity	у	
% 100.00 %				%		%		
PASSENGER INFORMATION			ELEMENTARY RIDE	:DC	HIGH SCHOOL RI	DEBS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)	.Ko	(Grades 9-12		ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)								
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance	,						
Nonpublic School Riders (ineligible)		,						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for rous operates on the route as ap								
Signature - Chair, Board of Trustees					o and a control of the control of th	Date		
This Application for Registration	of School	Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this			
area assigned to it by the Count Signature - Chair, County Transport			опітіщее.			Date		



This form is required in a	accordance wi	ith Title 20	Chanter 10 Port 1 MCA	Cobool di	atriat official	must samplata a	no form for or	ach hua route that	
			Chapter 10, Part 1, MCA portees of another legal ϵ						
Due Dates:			To County Supt To OPI			To OPI	Rate Per Mile		
	Routes		October 1 October 15			\$0.95			
County Name			County Number	District	District Name			Legal Entity Number	
Carbon			05	Luthe	Luther Elementary			1231	
		th of Route	e (miles per day)		Type of Service ☐ Bus Route M		•	Rated Capacity	
1 116				Bus F	□ Non Bus Mile Bus Route Mileage		ige	35	
Vehicle I.D. # Licens		License #		□ Distric	□ District Owned Distric			ed	
5414 419			□ Contract - If so, Name of Owner□ Contracted rate per mile						
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentage									
Legal Entity Legal			must mate		ch budget! Legal Entity		Legal Entity		
1231									
% 100.00		%		%	%		%		
PASSENGER INFORMATION								_	
Number of Preschool/Kindergarten pupils riding this route		ıpils	ELEMENTARY RIDER: (Grades PK-8)		HIGH SCHOOL RIDERS (Grades 9-12)			TOTAL ELIGIBLE RIDERS	
Tiding this route									
			a NUMBER			b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)									
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related Service									
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance									
agreement) (Include ineligible Preschool/Kindergarten riders)									
Nonpublic School Riders (ineligible)		iders)							
TOTAL RIDERS									
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accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
bus operates on the rout Signature - Chair, Board of		d by and w	d within the transportation service area assigned by the Cour			he County Trans	Transportation Committee. Date		
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.									
Signature - Chair, County Transportation Committee							Date		